

## **POLICY # A1-3.10**

### **SEPARATION FROM EMPLOYMENT ALL EMPLOYEES**

The Town of Wayland has a goal to provide for a reasonable business separation from employment with all employees. This includes both voluntary and involuntary separations. All employees are expected to provide the Town with a reasonable notice prior to a planned separation date.

Employees planning to retire are asked to provide the Town with a minimum of 1-month notice. Retirement application forms are available from the Payroll Department or the Human Resources Department. Employees planning to resign are asked to provide as much notice as possible. Human Resources should be notified in advance to ensure a smooth transition from employment.

Employees last day worked will be considered their termination date. Any remaining accrued vacation leave or sick leave incentive due at retirement will be paid following the last paycheck.

Employees who are terminated may be directed to leave the premises immediately. Employees who are terminated due to reduction in force will be notified in accordance with applicable policies, contract provisions and Civil Service law.

Employees who are discharged will be paid in full on the day of termination. Employees who voluntarily terminate employment will be paid for any remaining hours worked in the next payroll cycle. All accrued and unused vacation time will be paid to the employee.

In exceptional circumstances, the Personnel Board may negotiate a severance package with an employee.

#### **Exit Interviews**

Terminating employees are expected to participate in an exit interview with their Department Head or the Human Resources Director. The purpose of the interview is to understand how the employee perceives the Town of Wayland as an employer and to receive input as to how the Town can improve as an employer. Departing employees are encouraged to be candid in order for the interview to be beneficial for both the Town and its employees.

Employees will be provided with applicable benefit and unemployment information. Employees must return all Town property upon separation. Town property may include, but is not limited to, keys, ID cards, passwords, tools, equipment. All Town records and files are Town property.

**SEPARATION FROM EMPLOYMENT POLICY – ATTACHMENT A**  
**TOWN OF WAYLAND**  
**EXIT INTERVIEW QUESTIONNAIRE**

(Optional)

Employee's Name: \_\_\_\_\_ Employee's Title: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**EDUCATION LEVEL:**

High School: \_\_\_\_\_ College : \_\_\_\_\_ Degree: \_\_\_\_\_

1. What is your most significant reason for leaving?

Better Opportunity	_____	Job Security	_____
Better Compensation	_____	Relocation	_____
Better Working Conditions	_____	Military	_____
Supervision	_____	Retirement	_____
Co-workers	_____	Marriage	_____
Commuting Distance	_____	Maternity	_____
Return to School	_____	Layoff	_____
Dissatisfaction	_____	Health	_____

Other \_\_\_\_\_

2. Have you utilized the Employee Assistance Program? \_\_\_\_\_(Y) \_\_\_\_\_(N)

If yes, did you find it helpful? \_\_\_\_\_(Y) \_\_\_\_\_(N)

3. How would you rate the following as a Wayland employee?

	Favorable	Satisfactory	Unsatisfactory
Your Job Assignment	_____	_____	_____
Your Department	_____	_____	_____
Utilization of Abilities	_____	_____	_____
Recognition of Ideas	_____	_____	_____
Promotional Opportunities	_____	_____	_____

Quality of Work Environment	_____	_____	_____
Your Current Salary	_____	_____	_____
Your Current Benefits	_____	_____	_____

Remarks: \_\_\_\_\_

\_\_\_\_\_

4. How would you rate the following in your job or department?

	Favorable	Satisfactory	Unsatisfactory
Cooperation within Department	_____	_____	_____
Cooperation with other Departments	_____	_____	_____
Orientation to Job	_____	_____	_____
Adequacy of Training	_____	_____	_____
Communication within the Department	_____	_____	_____
Workload	_____	_____	_____
Supervision Received	_____	_____	_____

Remarks: \_\_\_\_\_

\_\_\_\_\_

5. Do you have any other comments about working for the Wayland?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Would you work for the Town of Wayland again?

Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEPARATION FROM EMPLOYMENT POLICY – ATTACHMENT B**  
**TOWN OF WAYLAND**  
**TOWN PROPERTY RECLAMATION FORM**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Date: \_\_\_\_\_

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The following property has been returned to the Town:

- |     |       |                                   |
|-----|-------|-----------------------------------|
| 1.  | _____ | Office Keys                       |
| 2.  | _____ | Building Keys                     |
| 3.  | _____ | Vehicle Keys                      |
| 4.  | _____ | Wright Express/Other Credit Cards |
| 5.  | _____ | ID Card                           |
| 6.  | _____ | Uniforms                          |
| 7.  | _____ | Cell Phone/Pager                  |
| 8.  | _____ | Laptop Computer                   |
| 9.  | _____ | Other Computer Equipment          |
| 10. | _____ | Firearms                          |
| 11. | _____ | Specialized Department Equipment  |
| 12. | _____ | Files/Documents                   |
| 13. | _____ | Voicemail Password                |
| 14. | _____ | Computer Passwords                |
| 15. | _____ | Other Items                       |

Employee's Signature : \_\_\_\_\_ Supervisor's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Date : \_\_\_\_\_

**SEPARATION FROM EMPLOYMENT POLICY – ATTACHMENT C**  
**TOWN OF WAYLAND**  
**AUTHORIZATION TO RELEASE REFERENCE INFORMATION**

I, \_\_\_\_\_ **DO NOT** authorize the Town of Wayland to release information  
(PRINT)  
to prospective employers other than my dates of employment, positions held, wages paid and CDL testing  
results (if applicable).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I, \_\_\_\_\_ hereby authorize the Town of Wayland to release information  
(PRINT)  
and opinions regarding my job performance, attendance, dates of employment, positions held, wages paid  
and CDL testing results (if applicable) to prospective employers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEPARATION FROM EMPLOYMENT POLICY – ATTACHMENT D**  
**TOWN OF WAYLAND**  
**VOLUNTARY RESIGNATION FROM EMPLOYMENT**

**TO:** Town of Wayland

**FROM:** \_\_\_\_\_  
(First Name, Middle Initial, Last Name)

**DATE:** \_\_\_\_\_

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This memo serves as notification of my voluntary resignation from employment with the  
Town of Wayland. My resignation is effective on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Employee Signature: \_\_\_\_\_